

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREMustafa Whitfield

Plaintiff

V.

Wilmington Police Department, Delaware Attorney General's Office

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

06 - 541

I, Mustafa Whitfield

declare that I am the (check appropriate box)

• Petitioner/Plaintiff/Movant • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional Center

Inmate Identification Number (Required): 317479

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • Yes No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Never had a job

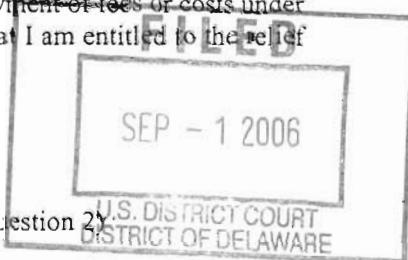
3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="radio"/> • Yes	<input checked="" type="radio"/> No
b. Rent payments, interest or dividends	<input type="radio"/> • Yes	<input checked="" type="radio"/> No
c. Pensions, annuities or life insurance payments	<input type="radio"/> • Yes	<input checked="" type="radio"/> No
d. Disability or workers compensation payments	<input type="radio"/> • Yes	<input checked="" type="radio"/> No
e. Gifts or inheritances	<input checked="" type="radio"/> • Yes	<input type="radio"/> • No
f. Any other sources	<input type="radio"/> • Yes	<input checked="" type="radio"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

I received money orders

See last 6 months monthly balance



AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts? • Yes No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? • Yes No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

None

I declare under penalty of perjury that the above information is true and correct.

8/13/06

DATE

Mustafa Whifford

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

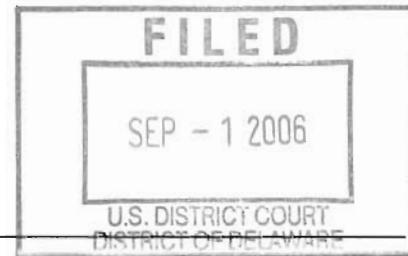
DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Mustafa Whitfield SBI#: 317479

FROM: *Stacy Shane, Support Services Secretary*

RE: 6 Months Account Statement

DATE: 8/24/06



Attached are copies of your inmate account statement for the months of
Feb 2006 to July 2006.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Feb</u>	<u>\$22.99</u>
<u>Mar.</u>	<u>\$ 17.98</u>
<u>Apr.</u>	<u>\$ 21.10</u>
<u>May</u>	<u>\$ 42.68</u>
<u>June</u>	<u>\$ 53.03</u>
<u>July</u>	<u>\$ 37.30</u>
Average daily balances/6 months:	
<u>\$ 33.24</u>	

Attachments

CC: File

Melissa McNatt
8/24/06

Pamela Jones 8/24/06

Individual Statement

Date Printed: 8/23/2006

Page 1 of 1

For Month of February 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:				
00317479	Whitfield	Mustafa			\$44.00				
Current Location:	SU/1	Comments: QOL							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	2/1/2006	(\$29.93)	\$0.00	\$0.00	\$14.07	215757			
Mail	2/2/2006	\$10.00	\$0.00	\$0.00	\$24.07	218189			MOM
Canteen	2/14/2006	(\$23.94)	\$0.00	\$0.00	\$0.13	222383			
Mail	2/17/2006	\$40.00	\$0.00	\$0.00	\$40.13	224958			MOM
Canteen	2/28/2006	(\$29.16)	\$0.00	\$0.00	\$10.97	228139			
					Ending Mth Balance:				
					\$10.97				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$1.83)

Individual Statement

Date Printed: 8/23/2006

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For Month of March 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:				
00317479	Whitfield	Mustafa			\$10.97				
Current Location:	SU/1				Comments: QOL.				
Trans Type	Date	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	Pay To	SourceName
Mail	3/8/2006	\$15.00	\$0.00	\$0.00	\$25.97	232625	08438482297		MOM
Canteen	3/15/2006	(\$14.89)	\$0.00	\$0.00	\$11.08	237078			
Visit	3/21/2006	\$15.00	\$0.00	\$0.00	\$26.08	239236	08301038028-06596		MOM
Canteen	3/28/2006	(\$13.65)	\$0.00	\$0.00	\$12.43	241635			
					Ending Mth Balance:		\$12.43		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$1.83)

Individual Statement

Date Printed: 8/23/2006

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For Month of April 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	
00317479	Whitfield	Mustafa				\$12.43
Current Location:	SU/1				Comments: QOL	

Deposit or Withdrawal			Non-Medical Hold			MO # or Ck #	Pay To	SourceName
Trans Type	Date	Amount	Medical Hold	Hold	Balance	Trans #		
Mail	4/5/2006	\$10.00	\$0.00	\$0.00	\$22.43	245911	0535488048	T. NEAL
Canteen	4/25/2006	(\$14.97)	\$0.00	\$0.00	\$7.46	254497		
Visit	4/25/2006	\$15.00	\$0.00	\$0.00	\$22.46	254728	48232019099-02542	T. NEAL

Ending Mth Balance:

\$22.46

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$1.83)

Individual Statement

Date Printed: 8/23/2006

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For Month of May 2006

SBI	Last Name	First Name	MII	Surfix	Beg Mth Balance:				
00317479	Whitfield	Mustafa				\$22.46			
Current Location:	SU/1	Comments: QOL1							
Deposit or Withdrawal			Non-Medical						
Trans Type	Date	Amount	Medical Hold	Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Mail	5/5/2006	\$10.00	\$0.00	\$0.00	\$32.46	260136	09870518417		B. FRIEND
Mail	5/9/2006	\$21.00	\$0.00	\$0.00	\$53.46	260711	4805953275		T. NEAL
Canteen	5/23/2006	(\$14.03)	\$0.00	\$0.00	\$39.43	266526			
			Ending Mth Balance:		\$39.43				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$1.83)

Individual Statement

Date Printed: 8/23/2006

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For Month of June 2006

SBI	Last Name	First Name	MII	Suffix	Beg Mth Balance:	
00317479	Whitfield	Mustafa			\$39.43	
Current Location:	SU/1			Comments: QOL		

Deposit or Withdrawal			Non-Medical Hold			MO # or Ck #	Pay To	SourceName
Trans Type	Date	Amount	Medical Hold	Hold	Balance	Trans #		
Canteen	6/6/2006	(\$5.60)	\$0.00	\$0.00	\$33.83	275140		
Mail	6/8/2006	\$20.00	\$0.00	\$0.00	\$53.83	277028	0551801826	MOM
Visit	6/12/2006	\$10.00	\$0.00	\$0.00	\$63.83	278160	38363871160-02942	T. NEAL
Canteen	6/20/2006	(\$4.91)	\$0.00	\$0.00	\$58.92	281517		
Pay-To	6/27/2006	(\$12.00)	\$0.00	\$0.00	\$46.92	284314		AL-JUMUAH MAGAZI
				Ending Mth Balance:	\$46.92			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$183)

Individual Statement

Date Printed: 8/23/2006

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For Month of July 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$46.92
00317479	Whitfield	MUSTAFA			Comments: Q01.1	

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	7/5/2006	(\$4.98)	\$0.00	\$0.00	\$41.94	287222			
Pay-To	7/12/2006	(\$31.45)	\$0.00	\$0.00	\$10.49	290798			TRULIFE PUBLICATIONS
Canteen	7/18/2006	(\$6.77)	\$0.00	\$0.00	\$3.72	292329			
Visit	7/18/2006	\$20.00	\$0.00	\$0.00	\$23.72	293238	9252004312-03644	T. NEAL	
Visit	7/18/2006	\$20.00	\$0.00	\$0.00	\$43.72	293339	9252004310-03645	T. NEAL	
					Ending Mth Balance:	\$43.72			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$1.83)